

**Lawrence County Government
Extended Illness Leave Bank
Certification of Physician Statement**

Patient Information

Name of Patient	Social Security Number	Date of Birth
Patient's Address (Street, City, State and Zip Code)		

History

When did symptoms first appear or accident happen?	Date disability commenced:	Has patient ever had same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____
Is condition due to injury or sickness arising out of patient's employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please explain:		
Name and address of other treating physicians (if applicable):		

DSM IV TR Diagnosis and Treatment (Additionally, also use laymen terms when describing diagnosis.)

DSM IV criteria for Diagnosis, including any complications:			
Describe any other disease or infirmity affecting present condition:			
Date of first visit:	Date of last visit:	Date of last examination:	Frequency of treatment: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other If other, please specify: _____
Name of treatment (including surgery, therapeutic modalities, psychological intervention and medications, if any):			
Is the diagnosis considered a catastrophic or debilitating illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No A catastrophic illness or injury is defined as one which has totally incapacitated an employee's ability to work for an extended period of time. Some examples of illness or injury that qualify for Catastrophic illness include heart conditions, some cancers, back conditions requiring extensive therapy or surgical procedures, strokes, severe respiratory conditions, spinal injuries, pneumonia, emphysema, severe arthritis, complications from pregnancy that are life threatening for the mother or fetus, and serious injuries.			

From the job description attached, please list what specific duties the employee cannot perform: _____

Physical Impairment

- ☐ Not Applicable
- ☐ Class 1 – No limitations or restrictions
- ☐ Class 2 – Medium manual activity
- ☐ Class 3 – Slight limitation of functional capacity; capable of light work
- ☐ Class 4 – Moderate limitation of functional capacity; capable of clerical/administrative (sedentary) activity
- ☐ Class 5 – Severe limitation of functional capacity; incapable of minimum (sedentary) activity

Mental Impairment

- ☐ Not Applicable
- ☐ Class 1 – (No limitations) Patient is able to function under stress and engage in interpersonal relations.
- ☐ Class 2 – (Slight limitations) Patient is able to function in most stress situations and interpersonal relations.
- ☐ Class 3 – (Moderate limitation) Patient is able to engage in only limited stress situations and interpersonal relations.
- ☐ Class 4 – (Marked limitation) Patient is unable to engage in stress situations or engage in interpersonal relations.
- ☐ Class 5 – (Severe limitations) Patient has significant loss of psychological, physiological, and/or personal/social adjustments.

Please define stress as it relates to this patient.

What stress and problems in interpersonal relations has this patient had at work?

Work Capabilities

Is patient capable of performing their work duties and responsibilities? ☐ Yes ☐ No

Is patient capable of performing **other** duties and responsibilities? ☐ Yes ☐ No

Prognosis

How long will the patient be unable to perform work duties and responsibilities? ____ Days ____ Weeks ____ Months

The patient should be able to return to work on _____ (date)

Authorization

Physician name (Print):	Specialty	Office Telephone:
		Fax Number:
Street Address:	City:	State: Zip:

Signature of Physician: _____ Date: _____

License Number: _____ Are you licensed in the state of TN? _____ Yes _____ No

The completed form should be sent to the following address, or it can be faxed to 931-766-1595.

Lawrence County Government
Office of Accounts & Budgets
Extended Illness Leave Bank Committee
219 Centennial Blvd.
Lawrenceburg, TN 38464